

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

10/520870

APPLICANT(S)

CLAIMS

	AS FILER		1st AMENDMENT		2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
4			/	/		
5			/	/		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	9	↓		↓
TOTAL CLAIMS			11			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS